

Document 4a

DATE	SYMPTOMS, DISEASES	DIS. TREATMENT, TREATING DR.	ACTION (Sign each entry)	
			CLINIC(S):	() Cardiac () Hypertension () Diabetes () Infections () Endocrinics () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other:
			<i>Htn</i>	
	SUBJECTIVE: (Chief Complaint)			
<u>1/20/05</u>	<i>fever - worse uncons</i>			
<u>102.0</u>				
Med. Compliance:				
OBJECTIVE: (Review System) Age:		<i>young</i>	Sex: Male	Race:
B/P: <u>120/70</u>	WT: <u>205#</u>	T: <u>102</u>	R/R:	SO2%: Peak Flow:
HEENT: <u>OCC</u>	Last Op / Opth. Eval.: -			
Heart: <u>OK</u>				
Lungs: <u>OK</u>	Diabetic foot Screen Test St			
Abdomen:				
Genital / Rectal:				
Extremities:				
Neuro:	Left Foot			
Recent Lab Results:				
ASSESSMENT(S):	Diabetic foot Screen Test St			
DSM IV Classification				
Axis I:		Axis IV:		
Axis II:		Axis V: GAF Score:		
Axis III: <u>BPOK</u>				
Preventive Care:	Diet: <u>water</u>	Exercise: <u>if</u>		
Tobacco Use: <u>no</u>	Medication Side Effects:			
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART. / SERVICE	RECORDS MAINTAINED
SPONSOR'S NAME		SSN / I.D. NO.	RELATIONSHIP TO SPONSOR	
PATIENT IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; Soc. Sec. or SSN; Sex; Date of Birth; Rank / Grade)				
REGISTER NO. <u>40928-053</u> WARD NO. <u>1</u>				
CHRONOLOGICAL RECORD OF MEDICAL CARE				
Medical Record				
ST RD FORM 600 (REV. 6-87)				
Pr nad by GSA / ICMA				
D: 14 SEP 1981 100-1				

Anthony Allen

DATE:	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)									
Pain Level:	<u>2</u>	3	4	5	6	7	8	9	10	
PLAN:										
<p>Patient Education:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Verbalized Understanding <input checked="" type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out. 										
<p>Diagnostic Studies: <input type="checkbox"/> CBC / Dif <input type="checkbox"/> U/A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input checked="" type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:</p>										
<p>Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others: ..</p>										
<p>Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:</p>										
<p>Return to Clinic for routine Follow-Up on: <u>5 mo.</u></p>										
<p>Treatments(s):</p>										
<p><i>[Handwritten Signature]</i></p>										
<p><i>DR. SEAN M.D. MCNEIL</i></p>										

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/29/04	Patient Note - TBPs c & Hx med or HTN
1030m	RTG - BP ✓ feels well - Experiencing & adjust diet & salt (VS) 147/93, 74, 12 Mechanical Auto DINAMAP
	132/92, 72, 12 Manual RT. Pm
	134/88, 74, 12 Manual LT. Pm
	RTG per schedule & F/q ccc if going Caused / educate. understand / agree.
	R

Robert E. Plotrowski, PA-C
FCI McKean

12-6-04	Patient Note - Elev. BP c med.
1115m	RTG - BP ✓ WT. 202# Continue Diet Cx - No Sodium & Generic DINAMAP 136/88
	Manual 138/90
	Refer CCC - HTN - RTG per Schedule Pm
	Edu/underst/agree R

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.
40428-053

WARD NO.

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
2/2/04	<i>Intake Screening, EHM</i> Review by J. Olson, MD Date 3/3/04 <i>J. Fleming, EMT-P</i> <i>FCI McKean</i>		
3/3/04	<i>Adm Note</i>		
07/00	<i>Rx U PCN 500g QID #13</i>		
<i>Sign</i>	<i>Steven Labrozzi, RPh</i> Pharmacist		
<i>Sign</i>	<i>D. Olson, MD</i> Clinical Director		
3/31/04 0835	<i>Inmate requested H&P completed Hx. st. inguinal hernia repair problem. EHM</i> <i>J. Glenn FNP-C</i> <i>J. Glenn, FNP-C</i> <i>FCI McKean</i>		
7/1/04	<i>(2) Wants information on kidney failure, states saw people in hospital w/kidney failure, he has no symptoms</i>		
	<i>(3) Exam deferred no symptoms</i>		
	<i>(4) Requests information</i>		
	<i>(5) Educated on kidneys & failure</i>		
	<i>J. Glenn FNP-C</i>		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. <i>4042P-653</i>
			WARD NO.

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/24/04	s' requests Bisacodyl. States one en commissary does not work well enough for him. States vitamins cause him constipation. States fiber is too slow ① NAD Heart: RRR Lungs: (TA isolated) Abd: soft, non-tender. A: medium repeat
	P1) Education - don't take vitamins, ↑ fluids, exercise & moderation (2) Pill PRN
	Coddy ME
	Eric Asp, PA-C FCI McKean
10-18-04	② WNL ECG worried about C-V disease (② FHx)
0810	③ NAD BP = 130/85 HR = 60 SaO ₂ = 99% 135/85
	④ Suspected Condition, nothing found. Cardiovascular ✓
	① 1. ECG 2. Lipids already done "6 wks ago" (not yet in record) 3. Pt ED: CV healthy diet smokes exercise ↓ salt 4. Pt understand. 5. LTC prn 6. BP rev x2 at 3 wks intervals
11/8/04	Admin med.
1100	BP ✓ 146/80 sitting (R) arm
	Coddy ME
	Eric Asp PA-C

USMCFP SPRINGFIELD MEDICATION SUMMARY
01/30/2004 THRU ~~02/22~~ 06:44
USMCFP - SPRINGFIELD SPRINGFIELD, MO

ALLEN, ANTHONY, 40428-053, SPG, S03-013L

Active Prescriptions

PENICILLIN VK 500 MG TAB

TAKE ONE TABLET BY MOUTH FOUR TIMES DAILY FOR 10 DAYS

Dr. McDermott DS

ORDERED: 01/27/2004 EXP: 02/05/2004

40.0 TAB in 3 day(s)

RENEWED: EXP: 02/05/2004

13.3 / 24 hours

Ch

Rx for Transitor
Rx for
1/30/04

Transfer MCK
Via Air
2-2-04

7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	Date	SYMPTOMS	DIAGNOSIS	TREATMENT	TREATING ORGANIZATION (Sign each entry)
	1/27/04	Inmate Name	Allen, Anthony		
Time	0820				Register Number 40428-053

S Co painful dry cracking, peeling soles
of feet; no relief in vaseline
products

Chart
N/A

FAXED
Pham 503

A DATE: 1-27-04 INIT: D
0821

P A+D ointment: apply to areas B/D x 7d

Provider
KEVIN J. KELLY, D.O.
Signature

USP LVN

Federal Bureau of Prisons

MCFP - SPFD

BP-355(60) January 1981

01-28-04	ADMINISTRATIVE NOTE: Copies were made per patient request, excluding HIV results. These copies include: Labs 12-29-03 to 12-22-03; Surgical Consultation 12-23-03; Operation Report 01-09-04. A total of 9 pages copied.				
0945	Copied by Chip Hendon, RHIT, Medical Records Administration Specialist				

Date	1/27/04	Inmate Name	Allen, Anthony	Register Number	40428-053
Time	1450		S Swelling facial #5		
			0 Facial #5		
				FAXED	Pham 503
				DATE: 1/27/04 INIT: D-A	

	A Periorbital abscess #5	Ranith 3/1/04
--	--------------------------	---------------

HOSP	P will call for endo procedure	PAT.D. McDERMOTT, D.D.S.
SPOK	E. abscess above	Provider DENTAL OFFICER
USP LVN	Federal Bureau of Prisons	BP-355(60) January 1981

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO	WARD NO
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CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/CMR

FIR (41 CFR) 201-9.202-1

ALLEN, ANTHONY
40428-053
MCFP SPG MO
DOB 05-02-54

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/12/04	S - PDD #3 N. G ₆₅ - still draining <i>or mark</i>
0710	D - T-97' Ave. C, D + I no comment <i>Drainage noted to RIM intact</i>
	A - s/p RIT
	P O May RTD
	② found Tylenol #3 i.m. q. 8 hrs TID pm
	③ Convalescence - No heavy lifting > 10# x 4 weeks <i>convalescence 1/20/04</i>
<i>Spine CT</i>	Flu in Dr Brent Rotton clinic
1/20/04	KEVIN J. KELLY, P.A.-C
1/20/04	<i>K. Kelly</i>
1/31/04	Adm Note
	Rapid Tylenol #3 i.m. q. 8 hrs TID pm x 14 days
FAXED	
PHARM	503
DATE: 1-12-04	INIT: <i>ppw</i>
1332	
1-13-04	Caren Sudsy
1000	Very well with Sudsy pain controlled Incision site ^{now} per centile
	<i>B. Rotton</i>
	David Brent Rotton, DO Consultant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
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PATIENT'S IDENTIFICATION (For typed or written entries, give Name, last, first, middle, ID No or SSN, Ser., Date of Birth, Rank/Grade)	REGISTER NO	WARD NO
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ALLEN, ANTHONY
40428-053
MCFP SPG NO
DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIP : 1 CFR) 201-9.202-1

DATE	SYMPTOMS, DGNOSIS, TREATMENT, TREATING ORG	LOCATION/Sign each entry)
1/14/04 1230	SOPP. Colon 106g t f-a gd x 7d	
	FAXED PHARM SD 3	K. KELLY, P.A.C. <i>Kevin Kelly</i>
	DATE: 1-14-04 INT: 7190 1315	

1-20-04 Ben Snus

8920

Pt doing very well

Tarsus looks great. Evidence of
lesion recurrence.
will do staples Flu Rx

~~Order (8) DC Skin Staples~~

David Brent Rotton, DO
Consultant

3 hrs

P: Transfer & Discharge Summary Dictated

RTC - pm

KEVIN J. KELLY, P.A.C.
Kevin Kelly

1/21/04
1000

SOPP. Co constipation 2^o med

P.O. Dulcolax 5mg t-t f-a gd pm x 3d #1
E-O 1 fluids

KEVIN J. KELLY, P.A.C.

Kevin Kelly

FAXED PHARM SD 3	
DATE: 1-21-04 1017	INT: 7190

ALLEN, ANTHONY
40428-053
MCFP SPG MO

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11/04 cont 11/04 0730	ART surgical procedure sp RTH Post#1 Dr. Colton to monitor for changes & monitor pain response B. COLTON, RN
11/04 0800	S: No complaints. O: Awake, sitting quietly in bed, reports being pain free, VSS, assessment essentially unchanged. P: Stable & no further intervention, P: Cont to monitor, B. COLTON, RN
11/04 0800	D/C q 4 hr vital signs. Noted 11/04 1520 ^{11/04 1520} Dr. Hafez / American Hospital A. WILKENING, RN
11/04 1100	S: No complaints. O: Alert & oriented x 3. Up ad lib ambulating on unit. Skin w/o color wnl. Resp regular & nonlabored. P: ing. hernia drsg c sm amt pink drng to drsg. Instructed to shower today. Had last dose of ms04 4 mg IVP @ 0955 & heptacic D/C'd c cath intact. NAD noted. P: Cont to monitor. A. WILKENING, RN
11/04 1400	S: No complaints voiced. O/A: No change in assessment. NAD noted. P: Cont to monitor. A. WILKENING, RN
11/04 1700	S: No complaints voiced. O/A: No change in assessment. NAD noted. Showered. P: Cont to monitor. (A. WILKENING, RN)

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ALLEN, ANTHONY
40428-053
MCFP SPG MO
DOB 05-02-64



CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Pres. d. by GSA/ICMR
FIF 11 CFR) 201-9.202-1

DATE	SYMPTOMS, ILLNESS, TREATMENT, TREATING ORG	ZATION (Sign each entry)
1-10-04 2100	SOP: Resp even/labored. A+D X 3. Quiet voice is hard to hear. Primapore X 2 dry & intact to R ↓ abdomen. Took po pain meds. Cont to monitor. <u>mr</u>	N. WELLS RN
1-11-04	24° ✓	<u>mr</u>
1-11-04 0015	SOP: Resting quietly, No changes. <u>mr</u>	
1-11-04 0600	SOP: Resp even/labored. A+D X 3, Primapore X 2 C/D/I to R ↓ abdomen. Cooperative, Cont to monitor. <u>mr</u>	
1-11-04 1100	S: No complaints voiced. O/A: Alert & oriented x 3. Up ad lib ambulating on unit. Sic in Ld. Color WNL. Resp regular & nonlabored. R 1H drsg C/D/I RLE neurovascular status WNL. Instructed to shower & change drsg. Verbalized understanding. NAD noted. P: Cont to monitor. <u>mr</u> (Wilkening) A. WILKENING, RN	
1-11-04 1400	S: No complaints voiced. O/A: No change in assessment. NAD noted. P: Cont to monitor. (Wilkening) A. WILKENING, RN	
1-11-04 1700	S: No complaints voiced. O/A: No change in assessment. NAD noted. P: Cont to monitor. (Wilkening) A. WILKENING, RN	
1-11-04 2100	SOP: Resp even/labored, A+D X 3, Polite. Dsg C/D/I to R ↓ Abdomen. Cont to monitor. <u>mr</u>	N. WELLS RN
1-12-04	24° ✓	<u>mr</u>
1-12-04 0015	Resting quietly, No changes noted, <u>mr</u>	N. WELLS RN
1-12-04 0600	SOP: Resp even/labored, A+D X 3, Dsg C/D/I to R ↓ Abdomen, Cooperative. Cont to monitor. <u>mr</u>	N. WELLS RN

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1-9-05	<p>STAY ASSESSMENT</p> <p>1030 25 min o: Arrival: gurgly + T 98³ P 60 R 20 BP 136/77 SPO₂ 97% RA</p> <p>REASON FOR ADMISSION: S/P (R) ing. hernia repair</p> <p>ALLERGIES: NKA</p> <p>REACTIONS: N/A</p> <p>► MEDICAL/SURGICAL HISTORY: See chart.</p> <p>▼ P- COMMENTS Alert & oriented x3. Resting in bed. Skin w/o. Color WNL. Resp regular & nonlabored. (R)ung drsg C/D/I. (R)LE neurovascular status. Ice pack in place. No void @ this time. Monitor.</p> <p>E (EDUCATION) Oriented to unit policy, call light, bed controls & post-op orders. Verbalized understanding.</p> <p style="text-align: right;">A. WILKENING, RN AwakeningRN</p> <p>1-9-04 1330 S: No complaints voiced. O/A: No change in assessment. NAD noted. (R) grain drsg & scant amt pink drng. showing thru drsg. Ice pack refilled & in place. No void yet. Pt cont to monitor.</p> <p style="text-align: right;">A. WILKENING, RN</p> <p>1/9/04 1700 S) "Can I have something for the pain?" O/A) Resting in bed. Resp eupneic on RA. Skin w/o, color WNL. (R) hand hepatomegally intact - flushes easily & brisk blood return - site is redness, edema or drainage. Abd. drsg (Primapore) intact - scant amt. of pink drainage noted thru day. SR ↑ x 2, call light in</p>

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN-ID NO

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give Name, last, first, middle; ID No or SSN; Sex; Date of Birth, Rank/Grade.)

REGISTER NO

WARD NO

ALLEN, ANTHONY
40428-053
MCFP SPG MO
DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIR' 11 CFR) 201-9.202-1

DATE	SYMPTOMS, ... GNOSIS, TREATMENT, TREATING ORG	ZATION (Sign each entry!)
1/9/04 1700	Reach. Urinal @ bedside - c approx 200cc of clear yellow urine. P) Med for 4/6 pain - see MAR & pain mgmt. flow sheet for times & responses.	D Spaulding D. SPAULDING, RN
1/9/04 2100	S) "I'm alright." O/A) Resting in bed. Essentially no Δ in prior assessment. Declines need for pain rx @ present. Voiding 3 difficulty, adeg. amts. of clear yellow urine via urinal. NAD noted @ this time. P) cont. to monitor	D Spaulding D. SPAULDING, RN
1/10/04 0055	24" chart ✓ of MEDICATION AUDIT 1/9-1/10/04	B Colton, RN B. COLTON, RN
1/10/04 0310	S) O/clo voiced. O/wake, alert during count, pt. asked if he was in pain to which he shakes his head in a "yes" fashion. Offered choice of pain med to which he requested the injection. After retrieving the requested med, @ bedside he denies having pain so is withheld. Replaced to P hand a drug CIST, et JS 5S of injection. Resens equiv, skin w/BS color (RN), NAD noted. P) Communication mis-understanding. P) Will cont. to monitor for changes	B. COLTON, RN B. COLTON, RN
1/10/04 0430	S) "Can I get my pain medicine - the shot?" O) Dosing (2 intervals) & acute distress; Replaced flushed per protocol c P. bld return noted, N/S long given SIVL or flushed per protocol. See pain management flow sheet for pain assessment. Drug to P in vincas area c sm amt. of pink drainage noted to drg. A) Pain	

allen, Anthony
40428-053

NSN 7540-00-834-4176

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)			
1-9-04 0820	<p>If here for RHT P/B Discreet all Os Augmented W/H present on Chest Site Signs Ready for Surgery BZ</p>			
1-9-04	<p>OPERATIVE NOTE: PRE-OP RHT POST-OP RHT OPERATION RHT ANESTHESIA Bac SURGEON Pact Rotator FINDINGS Whee Indirect CONDITION Edema mi PROGNOSIS To well to PR Stress PLAN To well to PR Stress</p>			
1-9-04	POST-OP ORDERS			
0915	1) To Rd Sp RHT 2) VS q 4 ^h 3) Ice to incision x 24 hrs 4) Cleanse incision daily E Spots / bdo 5) Phenex 12.5g IV q 4 ^h pr n/a 6) MS 4mg IV q 1 ^h pr Break from pds 7) Percocet 1-2 po q 6 ^h pr post DATE: 1/10/04 FAXED 100%			
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
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		REGISTER NO.	WARD NO.	

ALLEN, ANTHONY
 40428-053
 MCNP SPG MC
 DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM 41 CFR) 201-9.202-1

USP LVN

DATE	SYMPOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1-9-04	(Cont) P 69 orders
0915	8) Resumee green mets (alpha) 9) Bla Clinic next w/e.
noted BPainter 1/9/04 0910	Bob
1-9-04	51 Anurkinin 20mg po twice b/s pend
0920	01 B P 136180 APR 6 2004 100
	#1 Cephalexin 500 mg po every 8 hours
	P Release from PAO
	E Above discussed & pts appear understand HIPS KIND D.O. Hospital DO
1/9/04	Give ms as previously ordered x 24 hrs
	Give ferrobat as previously ordered x 7 days
noted BPainter 1/9/04 0930	TO BBottom/BPainter
	FAXED to Pharm
	DATE: 1/16 INT: 60
	1-4
	ALLEN, ANTHONY 40428-053 MCFP SPG MO
	PHARMACY COPY

ALLEN, ANTHONY
40428-053
MCFP SPG MO
DJB 05-02-64

14

PHARMACY COPY
STANDARD FORM 600 (REV. 6-97) BACK

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

R & D ORDERS

12/18/03

Assigned to *Suej.*

Service

1030

Admission Diagnosis:

(2) Inguinal hernia.

INSTITUTION ADMISSION ORDERS:

5/19/03
**Profile A, CBC, RPR, TSH (Mental Health Only), UA, and Drug Screen if Self-Surrender,
Hepatitis Markers B & C (unless positive), *HIV (unless Positive),
EKG (regardless of age - 10 Building/Mental Health) and (over 40 years of age Medical/Surgical)
Chest X-ray (if over 50 y/o)**

To be done by next working day after admission.

*[HIV & HbsAg are tested if: break in service or greater than 30 days old]

Diet: *No meat*

Medication/Procedures: *NKA*

1- Dulcolax 5 mg # P.O. H.S. x 1

*5/19/03
Physician 1030
12-18-03
15/29*

*R. Albuquerque
Physician Assistant
DOB*

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT

PATIENT'S NAME (Last, First, Middle initial)

SEX

ALLEN ANTHONY GEORGE
B/M/O/05-02-1964
HT/5'11 WT/200
CUSTODY/ IN

40428-053

RANK/GRADE

HR/BK EY/BN

IZATION

DEPART/SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
12/23/03 0920	S- 39 y/o Jamaican ♂ i RII x 6-7 yrs partially reducible, getting larger ① RII ② Ess. H.n. ③ Admit to Surg Services ④ Routine Lab ⑤ Consult to Consultant surgeon eval for RII repair	H/P updated
12/23/03 1030	⑥ See consultation sheet by Dr. Rotton PO Schedule a Dr. Brent Rotton on 1-4 for RII again i plug + patch	THOMAS HARE, D.O. MEDICAL OFFICER MCPP - SPED <i>[Signature]</i>
12/23/03 1030	⑦ J.D. PO Schedule a Dr. Brent Rotton on 1-4 for RII again i plug + patch	KEVIN J. KELLY, P.A.-C MCPP - SPED <i>[Signature]</i>
1/7/04 0845	Adm Note Rumbusch preop 39 yo o→ for RII repair PH HTN Hypertension Lab 8d 6(0d) norm ASA II adequate risk I) general ETI NKDA ① NPD = 12 mw 1/8 for 1/9 surgery ② Dosemet 25 mg Cetia 25mg im 1° preop	THOMAS HARE, D.O. MEDICAL OFFICER MCPP - SPED <i>[Signature]</i>
1/7/04 1400	Noted Bleeding 1/7/03 1400	J. Harekin (B) J. Harekin (B) HARSKIND DO
	ALLEN, ANTHONY 40428-053 MCPP SP0 NO DOB 05-02-64	

SN7540-00-634-4176

600-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)													
	INITIAL NURSING NOTE													
12/16/03 7830	S: Reason for admission (in patient's own words) (pt. has (R); uga and hemia) HCVN:G SURGERY													
	Medication/treatment(s):													
	Previous Hospitalization/Surgery(s): (S)													
O:	TPR	68 - 18	B/P	124/76	Height/weight 6' 1196									
Pain Assessment														
Are you Having Pain?		Yes	No	0	1	2	3	4	5	6	7	8	9	10
Location		Intensity	Frequency		Duration									
FALL RISK ASSESSMENT														
[]History of falls, #'s []Dizziness/imbalance, []General Weakness, []Incontinence, []Decreased mobility														
SKIN INTEGRITY RISK ASSESSMENT														
[]Bed/Chair confined, []Inability to move, []Incontinent, []Poor Nutrition (intake), []Lowered mental														
ALLERGIES:														
Foods: NKA (List)														
Medications: NKA (List)														

(Continued on back side)

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)		RECORDS MAINTAINED AT		
Allen, Anthony 404128-053 5/2/64		PATIENT'S NAME (Last, First, Middle initial).		SEX
		RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
		SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.			DATE OF BIRTH

BR-S659 MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN IN TRANSIT CDFRM
MAY 99

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1. PPD Completed: <u>9/3/03</u> Date
Results: <u>OXO</u> mm
2. CXR Completed: _____ Date
Results: _____
3. Health Authority
Clearance: <u>Cleared</u> <u>HBa 12/9/03</u> Sign Date
Note: Dates listed above must be within one year of this transfer.

Name <u>Allen, Anthony</u>	Prisoner/Alien Reg. # <u>40428-053</u>	D.O.B. <u>3/2 164</u>
Departed From <u>M'Kear</u>	Date Departed <u>12/11/03</u>	
Destination <u>SPGms</u>	Reason for Transfer <u>SPG ms (Medical)</u>	
Dist. Name	Dist. #	Date in Custody <u>1/1/</u>

- Current 1. (R) Lingual Hemia
 Medical 2. Recent Alveolar tooth
 Problems 3. FCT Board Signed UPI

Medication	Dose	Route	Instructions For Use (Include proper time for administering)	Stop
Medication Required For Care En Route (7AM, 12:00, 7pm)				
<i>CTm 4ug i/p tid #15 Then Discontin Simethacarb 80 ug i/p tid #30 Then Discontin (7am, 12:00, 7pm)</i>				
<i>No med makes my pain</i>				
<i>Ivan Navarro, PA</i>				

Additional Comments - Blood and Body Fluid Precautions

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name - Certifying Health Authority <i>DR. B. MCKEAN</i>	Phone Number <u>814-362-8900</u>	Date Signed <u>12/9/03</u>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Pregnancy hemia</i>		
12/9/03	SUBJECTIVE: (Chief Complaint): <i>Still having upper division ABK</i> <i>Hemia stable - ambivalent</i> <i>about having tooth pulled</i>		
	OBJECTIVE: (Review System) Age: <u>39</u> Sex: Male Race: B/P: <u>120/70</u> P: <u>70</u> Wt: <u>202</u> T: <u>98.6</u> R/R: <u>16</u> SPO2%: <u>98</u> Peak Flow: Last Op/Ophth. Eval: _____		
Physical Exam	HEENT: <u>OK</u>	Neck: <u>Normal</u>	Last Op/Ophth. Eval: _____
	Heart: <u>OK</u>	<i>Recurrent Dizziness</i>	
	Lungs: <u>Clear</u>	<i>dizziness</i>	
	Abdomen: <u>Normal</u>		
	Genital/Rectal: <u>Normal</u>		
	Extremities: <u>Normal</u>		
Diagnostic Tests	Neuro: <u>Normal</u>		
Screen Test Signs	Recent Lab Results: <u>Normal</u>		
	ASSESSMENT(S): DSM IV Classification: <i>Abnormal Test</i> Axis I: _____ Axis II: _____ Axis III: <i>Pregnancy Hemia</i> Abnormal Test Preventative Care: Diet <u>written</u> Exercise <u>none</u> Tobacco Use: <u>No</u> Medication Side Effects: <u>None</u>		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
INSURER'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

40420-053

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 6004REV. 6-87
 Prescribed by GSA/CMR
 FTM IR (41 CFR) 201-8.202-1

Anthony Allen

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:	<i>HBM</i>									
	Patient Education:	<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic/Cardiac/ <input checked="" type="checkbox"/> Disease, Lifestyle Changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage/Administration/ <input checked="" type="checkbox"/> Compliance/Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Instructed if problems or if running out of medication, should sign up for sick-call or send cop out.									
	Diagnostic Studies:	<input type="checkbox"/> CBC/Diff <input type="checkbox"/> U/A <input type="checkbox"/> LFT <input type="checkbox"/> Chem Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:									
	Consultations:	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:									
	Referral for Vaccination:	<input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococal <input type="checkbox"/> Other:									
	Return to Clinic for routine Follow-Up on:										
	Treatment(s):										
		<i>H.B.M.</i> H. BEAM, MD FCI MCKEAN									

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 11428-053	WARD NO.

Anthony Arien

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-8.202-1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11-1-03	③ Emergency → called to UNICOR by LT Glenn.		
2015	1m 46 abdominal pain, profuse sweating, many episodes of vomiting. See J. Glenn's SOAP note earlier today (11-1-03 1240) No complaints of chest pain		
	③ IM in UNICOR on stretcher. Not very responsive. Swallowing profusely. Does not respond 100% to vocal commands. Later on: 1m awake + fully responsive T = 97.7°F HR = 60 BP = 113/72 SaO ₂ = 99% ECGs, serial: Multiple abnormalities, including Possible A-fib A flutter " L-V-H Anterior 2 waves Consider Anteroseptal infarct Incomplete ③ Bundle branch block		
	④ Abnormal ECG findings. Abd pain; N/V; Diaphoresis.		
	① 1. consulted Dr. Olson: Send IM out 2. IM sent by paramedics/ambulance to Bronx 3. Bronx ER notified.		
	REVIEWED BY: H. BEAM, MD HFCI MEKEAN Signature: Steven Labrozzi, PA-C Physician Assistant		
11-2-03 1600	ADMIN NOTES: IM returned from ER last night after 11 PM. ER report not yet available to Duty PAs. Per LTs office: EKGs in ER were normal. IM treated for adverse drug reactions. Penicillin + Flagyl confiscated + submitted to Pharmacy. Dr. Collins notified + dictated to check IM + devise new tx plan. IDLE given thru midnight 11-3-03		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	REGISTRATION NUMBER
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	WARD NO.
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 40428-053
			WARD NO.

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	Check back Hough Halligan
11/3/03 0940	S/3940 Cystic - when all said S. Doxycycline - side effect of Erythromycin. Plethora well - feels all belly H-Gastric ulcer presenting & upper maxilla Chest clear heart tone Abd soft BS 40 A) Removed SE's from Erythromycin Dental plaque B) PTed - med d/s - Doxycycline 100 mg - po bid #20 CB ~ 1 mo Consult Dr Collin 204 for docut
	Reviewed by V. Geza, PharmD
11/21/03 1640	Allen need to reschedule

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
	Check back Surgical consult RIA	
10/28/03 1430	S/ 39400 in good condition - saw Dr. Graham (surgeon) yesterday who believes Hernia needs to be fixed. A metal plug will be used to fill the hole and a tooth which should be quieted down before surgery T96.8 BP 110/80 P(60) NKDA	
07	Post op Hernia R upper incisor Tooth is filled & good.	
	Hernia P/ing not examined today	
	A/ Ancreved tooth ; R/ing Hernia	
X	P) PT ed-med caprylic acid, P/ can for TX Pen VK 500 mg i/p Qid #40 RFJ metronidazole 250mg i/p tid #30 RFJ CB 1ms d. P/NSign obstruction & dental F/U	
Reviewed By: V. Geza, PharmD		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		
		REGISTER NO. 40428-053 WARD NO. 1022

H. BEAR, MD
REVIEWED BY *V. Geza, PharmD*
RECORDS MAINTAINED AT
FIRMCKEAN

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO. **40428-053** WARD NO. **1022**

Anthony Allen

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11/1/03	(S) Admision Note - called by visit 12:40 Other inmates stated can't come to HCU "too ill"; officer states inmate was walking around earlier & problem. Brought inmate to HSU for exam via ambulance (cact), inmate states had stomach pain earlier now at this time ambulates & problem pain 2001-10 scale now vomiting
(O)	N&P 976-70-16 11/8/74 abd. soft, non-tender (BS) Taking flagyl & PCN at this time
(A)	Abd. discomfort 2° to antibiotic use
(P)	1) DIC Flagyl ent-PCN 2) N fluids 3) 4/10 11/3/03 with call <i>J Glenn FNP-C</i> <i>J Glenn FNP-C</i>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex: REGISTER NO. WARD NO.			

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

40428-05)

WARD NO.

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
SFMR (41 CFR) 201.9-202.1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

**RECORDS MAINTAINED AT
FCI McKean**

SPONSOR'S NAME

SEARCH NO.

TEL: 401-785-1444 FAX: 401-785-1445

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

41426-053

WARD NO.

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
GSA/FAR 14.1, GCRN 201.2, 202.1

1/22/03 SUBJECTIVE: (Chief Complaint)

He's wearing hemostatic belt but the hernia
 won't stay reduced. Has lot of pain
 also c/o hemorrhoids c/o constipation

OBJECTIVE: (Review System) Age: 39 Sex: Male Race: African American

B/P: 116/80 P: 70 Wt: 201 T: R/R: SO2%: Last Op/Ophth. Eval:

HEENT: O/C

Heart: P/B

Lungs: Clear

Abdomen: soft, B/S P الجفونات - large

Genital/Rectal: partially reducible

Extremities:

Neuro: folliculated body of neck

Recent Lab Results:

ASSESSMENT(S): no HTN P الجفونات only partially
 reducible - hemostatic
 follicular

Preventative Care: Diet water diet Exercise walk a lot

Tobacco: No.

Medication Side Effects: S

DR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
S NAME	ISSN/ID NO.	RELATIONSHIP TO SPONSOR	

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

REGISTER NO.
 40428-053

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record

STANDARD FORM 800-4197-6-971
 Prescribed by GSA/ICAR
 FIMRA (41 CFR) 201-8, 202-1

Anthony Allen

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education:										
	(<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention (<input type="checkbox"/> Diet, Diabetic/Cardiac / Disease, Lifestyle Changes (<input type="checkbox"/> No Smoking (<input checked="" type="checkbox"/> Medication Dosage/Administration/ Compliance/Side Effects (<input checked="" type="checkbox"/> Patient Understood Topics (<input checked="" type="checkbox"/> Instructed if problems or if running out of medication, should sign up for sick-call or send cop out.										
	Diagnostic Studies: (<input type="checkbox"/> CBC/Diff (<input type="checkbox"/> U/A (<input type="checkbox"/> LFT (<input type="checkbox"/> Chem Profile (<input type="checkbox"/> Lipids (<input type="checkbox"/> HgA (<input type="checkbox"/> PSA (<input type="checkbox"/> Viral Load (<input type="checkbox"/> CD4 (<input type="checkbox"/> Toxo IgG. (<input type="checkbox"/> Hepatitis Panel (<input type="checkbox"/> CXR (<input type="checkbox"/> EKG (<input type="checkbox"/> Others:										
	Consultations: (<input type="checkbox"/> Optometrist (<input type="checkbox"/> Ophthalmologist (<input type="checkbox"/> Orthopedic Surgeon (<input type="checkbox"/> Others: <i>ultra review</i>										
	Referral for Vaccination: (<input type="checkbox"/> Influenza (<input type="checkbox"/> Pneumococcal (<input type="checkbox"/> Other:										
	Return to Clinic for routine Follow-Up on: <i>3 mo</i>										
	Treatment(s): <i>Fiber tabs 2 po tid #90 RF 2 Hydrocodone Syrup 1/2 Bid #20 RF 2 Bacitracin ointment bid #1 RF 2</i>										
	<i>Steven Labrozzi, RPh Pharmacist</i>	<i>H. BEAM, MD FCI MCKEAN</i>									

HYPERTENSION CLINIC

Subjective Findings:

- a. Medical complaints or concerns of patient:

10/23/03 39yo feel well C/O hemia (R) Juguem
for 7 years
never had hemia (L)

- b. Health Promotion/Disease Prevention Assessments:

1. Cessation of smoking: No
2. Diet: Weather diet
3. Activity: Daily
4. Medications:

- (1) Drug side effects:

- (2) Drug interactions:

5. Patient Compliance with Therapeutic Regimen:

- c. Impact of Condition on Activities of Daily Living:

- d. Need for special accommodations:

Objective Findings:

a. Temp: Pulse: 40 Respir: BP: (134/80) Weight: 202 #

- b. Endoscopic Examination:

Thick, Dull Vessels Localized or Generalized

(Copper Wire) Narrowing of Arterioles

Present	Absent	Present	Absent
---------	--------	---------	--------

A-V Nicking Flame Shaped Hemorrhages

Present	Absent	Present	Absent
---------	--------	---------	--------

Cotton-wool patches Optic Disk Swelling

Present	Absent	Present	Absent
---------	--------	---------	--------

1. IDENTIFICATION (Use this space for
imprint)

RECORDS
MAINTAINED
AT:

R. MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

404128-053 ORGANIZATION

DEPART./SERVICE

CONFIDENTIALITY NO.

DATE OF BIRTH

CHEMICOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 500 (Rev. 5-81)
Prescribed by DCA and ICMR
FEDERAL (41 CFR) ED-1-45-LEDS

Anthony Allen

SYMPTOMS, DIAGNOSE, TREATMENT & PLAN						DATE (Sign each entry)
Cardiac Examination:						
Loud Aortic Second Sound			Left Ventricular Murmur			
Present	<input checked="" type="checkbox"/>	Absent	Present	<input checked="" type="checkbox"/>	A absent	large demand signal R in lungs not crackles
Ejection Click			Prestolic Gallop			
Present	<input checked="" type="checkbox"/>	Absent	Present	<input checked="" type="checkbox"/>	Absent	overl. but non rhythmic
d. Lungs:	Clear	Wheezes	Rales		Konch	
e. Thyroid Gland:						
f. Diagnostic Studies			Result	Date of Exam		
ECG			WNL	Abnormal		
UA			WNL	Abnormal		
SMA 2D			WNL	Abnormal		
Lipids			WNL	Abnormal		
EKG			WNL	Abnormal		
CR			WNL	Abnormal		
Pneumology Consult			WNL	Abnormal		
Assessments						
a. Diagnosis:	No evidence Htn on exam & chart review					
b. Disease Progression or Complications:	FURST. (R) dry cough not tobacco					
c. Therapeutic Efficacy:	N/A					
Plan:						
a. Medications:	Hemiva feet					
Reviewed by: <i>[Signature]</i> V. Geza, PharmD	CTM 4/27/2007 15 PZ					
b. Next Diagnostic Studies Due:						
c. Return to Clinic:	3 mo - hemiva check					
d. Patient Education: (Check Topics Discussed)						
<input type="checkbox"/> Complications of Hypertension						
<input type="checkbox"/> Diet						
<input type="checkbox"/> Exercise						
<input type="checkbox"/> Avoidance of Tobacco						
<input type="checkbox"/> Therapeutic Compliance						
<input type="checkbox"/> Drug Interactions						
<input type="checkbox"/> Tension HTN						

H. BEAM, MD
FCI MCKEAN

100% better

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/15/02 0905	S: Is here to discuss BP, chills, & fungal infection. O: BP 114/78. Irregular rhythm. Rate 72. Feet - toenails = 2 + 3 on bil. feet discolored & hypertrophic. a: Onychomycosis P: Iodophor sol. #1. Apply to all bid x 2R Nas: liquid paraffin. Protect Wtch callous on bil. w/w. Use medic as directed. RTG prn. Pt understood. <i>Gracia Fairbanks PA</i>
	reviewed by D. Olson, MD Date 7/15/02
GRACIA FAIRBANKS Physician Assistant	
10/30/02 1300	Admin. Note - Inmate requests gas pills until next call apt. Rx Simethicone tabs "po QID prn #30 w/R
(10/31/02) C. Geza PharmD Violette Geza, PharmD, RPh Chief Pharmacist	<i>D. Glenn FNP-C</i> D. GLENN, FNP-C FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKEAN
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

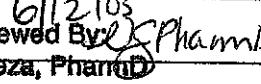
WARD NO.

Allen Anthony
40428-CSB

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/GMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/4/02 1030	<p>(1) c/o dry nose, and H/I/A x 2 / lush. Gain 3 m 1-10 scale.</p> <p>(2) NAD & sinus tenderness nose - clear drainage pink membranes throat - erythema exudate lungs - CTA & wheeze</p> <p>(A) Sinus pressure / H/I/A</p> <p>(P) 1) CTM 4 mg t po TID prn #150 R 2) Tylenol 500 mg # po TID prn #20 NF 3) O/N Advil 4) Educated on Rx, plan of care & F/D 5) F/N prn each call</p>
12/5/02 0850 Violetta Geza, PharmD	 J. Glenn Chief Pharmacist
6/12/03 0850	<p>ss (1) hemorrhoids,</p> <p>states gets them off and on. States that the suppositories work best.</p> <p>a. NAD BP</p> <p>Rectal defecant,</p> <p>rest of exam and</p> <p>A. hemorrhoids</p> <p>P. (1) Education - diet - pt understands</p> <p>(2) Rx PRN</p> <p>(3) Amiral HC suppository rectally BID before #12 R-O</p>
	<i>6/12/03</i> Reviewed By  V. Geza, PharmD
	<i>Eric Asp PA-C</i>

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

===== *** SENSITIVE-LIMITED OFFICIAL USE ***
 FINAL REPORT =====

Register Number : 40428-053
 Name : ALLEN, ANTHONY
 Location : FCI MCKEAN (MCK)
 Admit. Physician: BEAM, MD
 Order. Physician: BEAM, MD
 Collected : 08/04/04 @ 06:25 by: REFE

Age	: 40yr
Sex	: M
Room	:
Accession Number : 2701	

Test	Result	Flag	Reference Range/Units	Tech
Collection Cmt.	Fasting			RY
COMP. METABOLIC				
Glucose	81		70 - 110 mg/dL	KS TE
Urea Nitrogen	10		7 - 22 mg/dL	KS TE
Creatinine	1.2		0.6 - 1.6 mg/dL	KS TE
Sodium	142		137 - 148 mmol/L	KS TE
Potassium	4.2		3.5 - 5.0 mmol/L	KS TE
Chloride	104		99 - 114 mmol/L	KS TE
Calcium	9.1		8.5 - 10.9 mg/dL	KS TE
Total Protein	7.8		6.0 - 8.2 g/dL	KS TE
Albumin	4.2		3.6 - 5.1 g/dL	KS TE
Alkaline Phos.	92		41 - 133 U/L	KS TE
AST (SGOT)	33		11 - 55 U/L	KS TE
Total Bilirubin	1.1		0.2 - 1.3 mg/dL	KS TE
Cholesterol	164		140 - 200 mg/dL	KS TE
ALT (SGPT)	37		11 - 66 U/L	KS TE
CBC				
White Blood Cell	6.0			
Red Blood Cells	5.02		4.3 - 11.1 10 ³ /uL	RS RY
Hemoglobin	15.5		4.46 - 5.78 10 ⁶ /uL	RS RY
Hematocrit	46.9		13.6 - 17.6 g/dL	RS RY
MCV	93.3		40.2 - 51.4 %	RS RY
MCH	30.8		82.5 - 96.5 fL	RS RY
MCHC	33.0		27.1 - 34.3 pg	RS RY
RDW	12.6		33.0 - 35.0 g/dL	RS RY
PLT	220		12.0 - 14.0 %	RS RY
MPV	10.3		130 - 374 10 ³ /uL	RS RY
AUTODIFF			6.9 - 10.5 fL	RS RY
Neutrophils	35.6	LO	43.0 - 67.0 %	RS RY
Lymphocytes	50.1	HI	21.0 - 45.0 %	RS RY
Monocytes	10.9		5.0 - 13.0 %	RS RY
Eosinophils	3.2		0.0 - 7.0 %	RS RY
Basophils	0.2		0.0 - 1.0 %	RS RY
Neutrophil #	2.1		1.9 - 6.7 10 ³ /uL	RS RY
Lymphocyte #	3.0		1.3 - 3.7 10 ³ /uL	RS RY
Monocyte #	0.7		0.3 - 1.1 10 ³ /uL	RS RY
Eosinophil #	0.2		0.0 - 0.5 10 ³ /uL	RS RY

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : ALLEN, ANTHONY
 Register Number : 40428-053
 Printed : 08/06/2004 @ 09:06

REVIEWED BY

[Signature]

Location : MCK
 Page : 1 of 2

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 Laboratory, 1900 W. Sunshine
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041

=====
 *** SENSITIVE-LIMITED OFFICIAL USE ***
 FINAL REPORT

Register Number : 40428-053 Age :
 Name : ALLEN, ANTHONY Sex : 40yr
 Location : FCI MCKEAN (MCK) Room : M
 Att. Physician: BEAM, MD Accession Number :
 Order Physician: BEAM, MD : 2701
 Collected : 08/04/04 @ 06:25 by: REFE

Test #	Result	Flag	Reference Range/Units	Tech
	0.0		0.0 - 0.1 $10^{-3}/\mu\text{L}$	RS RY

Legend
 EL=Elevated Low HC=High AH=Alarm High EH=Elevated High AB=Abnormal

Per : ALLEN, ANTHONY
 Number : 40428-053
 Date : 08/06/2004 @ 09:06

S. Czekai, MT
 S. Czekai, Med Tech.
 REVIEWED BY
R. BEAM, MD
 Signature : MCN
 Location : MCK
 Page : 2 of 2
 FCI MCKEAN

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SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 40428-053
Name : ALLEN, ANTHONY
Location : S03
Physician : DR. HARE
Collection Date: 12/29/2003
Collection Time: 12:01
Tests : MHATP
Ordered:

Age : 39
Sex : M
Accession Number: 4219
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
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Collection Cmt.

RPR 1:1

MHATP Non-Reactive

NR

J E R Y

--End of Laboratory Report--

Allen, Anthony
40428-053

FCI McKean
P.O. Box 5000
Bradford, PA 16701

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD

DATE

REMARKS

*Dr. Beam**Schaefer TECH 8/5/04**S. Czekai, Med Tech.*

SPECIMEN/LAB RPT NO	
URINALYSIS	
URGENCY	
<input type="checkbox"/> ROUTINE <input type="checkbox"/> BED	
<input checked="" type="checkbox"/> TODAY <input type="checkbox"/> AMB	
<input type="checkbox"/> PRE-OP <input type="checkbox"/> OUTPATIENT	
<input type="checkbox"/> STAT <input type="checkbox"/> NP	
<input type="checkbox"/> PRE-OP <input type="checkbox"/> DOM	
SPECIMEN SOURCE	
<input checked="" type="checkbox"/> ROUTINE	
<input type="checkbox"/> OTHER (Specify)	
PATIENTS MED. RECORD	

TEST(S)	SPECIMEN TAKEN	TIME	P.M.	RESULTS	REQUESTED	ROUTINE
DATE	8/4/04	7:30		Yellowish fluid	[Hatched]	[Hatched]
RESULTS	1.025	SPECIFIC GRAVITY		URORUNICGEN	[Hatched]	[Hatched]
TEST(S)	Urine	KETONES		OCCULT BLOOD	[Hatched]	[Hatched]
TEST(S)	trace	GLUCOSE		BILE	[Hatched]	[Hatched]
TEST(S)	neg	PROTEIN		KETONES	[Hatched]	[Hatched]
TEST(S)	neg	PH		WBC	[Hatched]	[Hatched]
TEST(S)	5.5	MICROSCOPIC		RBC	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]	[Hatched]
TEST(S)						

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===== F I N A L R E P O R T =====

Register Number: 40428-053
 Name : ALLEN, ANTHONY
 Location : S03
 Physician : ALBURQUERQUE P. A. *AN*
 Collection Date: 12/22/2003
 Collection Time: 06:50
 Tests | KOD. PANEL; TSH; CBC; ROUTINE URINE; RPR
 Ordered:

Age : 39
 Sex : M
 Accession Number: 2535
 "X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Techn
Collection Cmt.	Drawn by PB New Admit Lab			
KOD. PANEL				
Glucose	81	mg/dL	70 - 110	SY RY
Urea Nitrogen	8	mg/dL	7 - 22	SY RY
Creatinine	1.3	mg/dL	0.6 - 1.6	SY RY
Uric Acid	5.7	mg/dL	3.7 - 8.6	SY RY
Sodium	141	mmol/L	137 - 148	SY RY
Potassium	4.0	mmol/L	3.5 - 5.0	SY RY
Chloride	103	mmol/L	99 - 114	SY RY
Phosphorus	3.2	mg/dL	2.5 - 4.5	SY RY
Calcium	8.7	mg/dL	8.5 - 10.9	SY RY
Total Protein	6.7	g/dL	6.0 - 8.2	SY RY
Albumin	3.8	g/dL	3.6 - 5.1	SY RY
Alkaline Phos.	83	U/L	41 - 133	SY RY
AST(SGOT)	28	U/L	11 - 55	SY RY
LDH	439	U/L	354 - 705	SY RY
Total Bilirubin	0.80	mg/dL	0.20 - 1.30	SY RY
Cholesterol	144	mg/dL	140 - 200	SY RY
Triglycerides	90	mg/dL	30 - 200	SY RY
Carbon Dioxide	29	mmol/L	22 - 30	SY RY
A/G Ratio	1.31		1.00 - 2.30	TX RY
Globulin	2.9		2.0 - 3.7	TX RY
TSH	4.02	uIU/mL	0.30 - 7.00	SY RY
CBC				
White Blood Cell	6.3	10 ³ /uL	4.3 - 11.1	WL RY
Red Blood Cells	4.82	10 ⁶ /uL	4.46 - 5.78	WL RY
Hemoglobin	14.7	g/dL	13.6 - 17.6	WL RY
Hematocrit	44.9	%	40.2 - 51.4	WL RY
MCV	93.1	fL	82.5 - 96.5	WL RY
MCH	30.6	pg	27.1 - 34.3	WL RY
MCHC	32.8	LO	33.0 - 35.0	WL RY
RDW	12.1	%	12.0 - 14.0	WL RY
PLT	250	10 ³ /uL	130 - 374	WL RY
MPV	8.9	fL	6.9 - 10.5	WL RY

MANUAL DIFF

Name : ALLEN, ANTHONY
 Register #: 40428-053
 Printed : 12/22/2003 @ 13:45

Doctor : ALBURQUERQUE P. A.
 Location: S03

 Sensitive L. O. U. *J*

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(417) 862-7041, EXT. 454

===== F I N A L R E P O R T =====

Register Number: 40428-053

Age : 39

Name : ALLEN, AHTHONY

Sex : M

Location : S03

Accession Number: 2535

Physician : ALBURQUERQUE P. A. *AK*

"X" if Complete [X]

Collection Date: 12/22/2003

Collection Time: 06:50

Tests | KOD. PANEL; TSH; CBC; ROUTINE URINE; RPR

Ordered:

Test Name	Result	Flag	Reference Range	Tech			
Neutrophils	39	LO	%	50 - 70 WL RY			
Lymphocytes	43	HI	%	20 - 40 WL RY			
Monocytes	11	HI	%	2 - 8 WL RY			
Eosinophils	5	HI	%	1 - 3 WL RY			
Basophils	2	HI	%	0 - 1 WL RY			
Morphology	Platelets Appear Adequate Hypochromia 1+						
ROUTINE URINE							
Color	Yellow						
Appearance	Clear						
Glucose	Negative						
Bilirubin	Negative						
Ketone	Negative						
Specific Gravity	1.020						
pH	6.5	5.0 - 8.0					
Protein	Negative						
Urobilinogen	0.2	0.2-1.0					
Nitrite	Negative						
Blood	Negative						
Leuk. Esterase	Negative						
RPR	Non-Reactive						

-- End of Laboratory Report --

Name : ALLEN, AHTHONY
Register #: 40428-053
Printed : 12/22/2003 @ 13:45

Doctor : ALBURQUERQUE P. A.
Location: S03
.....
Sensitive L. O. U.

LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 40428-053

Age

Name : ALLEN, ANTHONY

Sex : 39

Location : S03

Accession Number : M

Physician : ALBURQUERQUE P. A.

"X" if Complete : 2536

Collection Date: 12/22/2003

[X]

Collection Time: 06:50

Tests : HBsAg; HBsAb; HBcAb; Anti-HCV

Ordered:

Test Name	Result	Flag	Reference Range	Te=
Collection Cmt.	Drawn by PB New Admit Lab			
HBsAg	Negative		Negative	SY RY
HBsAb	Negative		Negative	SY RY
HBcAb	Negative		Negative	SY RY
Anti-HCV	Negative		Negative	SY RY

-- End of Laboratory Report --

Name : ALLEN, ANTHONY
Register #: 40428-053
Printed : 12/22/2003 @ 14:38

Doctor : ALBURQUERQUE P. A.
Location: S03
.....
Sensitive L. O. U.

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 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

===== F I N A L R E P O R T =====

Register Number: 40428-053

Age

Name : ALLEN, AHTHONY

Sex : 39

Location : S03

Accession Number : M

Physician : ALBURQUERQUE P. A.

"X" if Complete : 2537

Collection Date: 12/22/2003

[X]

Collection Time: 06:50

Tests | HIV

Ordered:

Test Name Result Flag Reference Range T====

Collection Cmt. Drawn by PB

New Admit Lab

HIV Negative

NR

SY C.

DO NOT REMOVE REPORT FROM PATIENT CHART

-- End of Laboratory Report --

Name : ALLEN, AHTHONY
 Register#: 40428-053
 Printed : 12/23/2003 @ 15:19

Doctor : ALBURQUERQUE P. A.
 Location: S03

 Sensitive L. O. U.



U. S. Meical Center for Federal Prisoners
 Laboratory, 1900 W. Sunshine
 Springfield, Missouri 65808
 417-862-7041 Ext. 454

Patient: ALLEN, AHTHONY
 Register No: 40428-053
 Location: S03
 SENSITIVE L.O.U.

Doctor: ALBURQUERQUE P.A.
 DOB: 5 - 2 - 1964
 Sex: M

HIV SCREENING

The above patient has tested NEGATIVE for the Human Immunodeficiency Antibody (HIV).

Projected Release Date: _____

The above inmate has tested POSITIVE for the Human Immunodeficiency Antibody (HIV).

Per Bureau of Prisons policy, this inmate has received repeat Human Immunodeficiency Antibody testing and confirmatory antibody testing.

Initial HIV Specimen Date: _____ Result: _____

Repeat HIV Specimen Date: _____ Result: _____

Western Blot Date: _____ Result: _____

Laboratory Comments:

PEND = PENDING
 NEG = NEGATIVE
 POS = POSITIVE
 UNK = UNKNOWN

Date Drawn:	Test Completion Date	Performed by:
12/22/03	12/22/03	Reviewed by: ✓

A

2537